end	me	nt	
	end	endme	endment

☐ Yes	☐ No

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee In	formation						
a. Full Name							c. ID Number
	1000	EL BE					FJ00HZ
b. Mailing Address	(include City, State	e and Zip Code)					d. Date Filed
	DIXIE 7		٤.				
FURL	BT WTY,	NC					e. Phone Number
							828-248-3100
2. Report Year	3. Period Start	Date (mm/dd/y	y) 4. Period 1	End Da	te (mm/dd/yy)	5. Treasure	r Full Name
2014	4/20	2014	6	30	2014	MA	mt jones
6. Type of Com				ort (c.		type of repo	rt from one category)
Candidate Cam			Municipal		State/County		Referendum
☐ PAC		erendum	Organization		Organizat	ional	Organizational
Independent Ex		t Fundraiser	Thirty-five da	ıy	Quarterly		Pre-referendum
Legal Expense l	Fund		Pre-primary		First		Final
			Pre-election		Seco Seco		Supplemental Final
7. Type of Fund	(if applicable,	check one)	Pre-runoff		Third		Annual Annual
Booster Fund		- 1	Semi-annual		Four		Special Special
☐ Building Fund		1	☐ Mid Yea		Semi-anni		
			Year En	d	Mid Mid		10. Special Report Name
Other:		~ 0.00000/mmmaga	Final		Year	End	
8. Number of Fu	indraisers this	Report	☐ Special		Final		
					☐ Special		
11. Account Info	ormation			11. Ac	count Inforn	nation	
a. Financial Institut				a. Finai	ncial Institution	Full Name	
	TATE EMPLOY	et's cireon	دساسي				
b. Purpose		c. Account Cod	e	b. Purp	ose		c. Account Code
		d. Period Begin	Balance	1			d. Period Begin Balance
		\$ 420), 42				\$
CERTIFICATI	ON						
of the NC Gener report is complete		at no funds are of t and that I have	commingled with e been trained by	the NC	ited or other no	n-disclosed fu Elections.	3 & 22D-22M of Chapter 163 ands. I further certify that this
FOR OFFICE U	JSE ONLY	00	7-10-14	$\widehat{}$	V		
Date Receive	ed: <u>9</u>	18000	_ Emplo	yee:	BE	_ <u>Del</u>	<u>ivery Method</u> Normal Mail
Date Postma	rked:		_ Emplo	yee:		- 🛛	Registered Mail Hand Delivered
Date Scanne	d:		Emplo	yee:		_ 🛚	Electronically Filed
Date Data E	ntered:		Emplo	yee:			Signer has not received mandatory training
		treasurer, cus	todian of book	s inforn	nation, or acco	ount informa	

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2.	Report	3. ID Number	
MICHAEL BENFIELD	SUAIGER	FJGGNZ	
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 427.42	/ \$
RECEIPTS			
5) Aggregated Contributions from Individuals (C	CRO-1205)	\$	\$
6) Contributions from Individuals (C	CRO-1210)	\$ 100.00	\$377.00
7) Contributions from Political Party Committees (C	CRO-1220)	\$	\$ 250.00
8) Contributions from Other Political Committees (C	CRO-1230)	\$	\$
9) Loan Proceeds (C	CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (C	CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts (C	CRO-1250)	\$.18	\$,23
11b) Contributions from Not-For-Profit Organizations (C	CRO-1250)	\$	\$
11c) Outside Sources of Income (C	CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (C	CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (C	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d	d and 11e)	\$ 100.18	\$ 627.23
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures (C	CRO-1310)	\$ 2.00	\$ 81.103
13b) Contributions to Candidates/Political Committees (C	CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (C	(RO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (C	CRO-1315)	\$	\$
15) Loan Repayments (C	(RO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (C	(RO-1320)	\$	\$
17) In-Kind Contributions (C	(RO-1510)	\$	\$ 20,00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 2.00	\$ 10/01/3
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$ 425.60	\$-515 525.60
ADDITIONAL INFORMATION	no 1330) [Ф.	
	(RO-1330)	\$	
	(RO-1430)	\$	
	RO-1610)	\$	
	(RO-1620)	\$	
	(RO-1720)	\$	
	(RO-1710)	\$	\$
	(RO-1440)	\$	\$
	RO-2220)	\$	\$
28) Contributions to be Refunded (CF	RO-1215)	\$	\$

		rom Individua		Pg			Yes No
		ndividual contributione (and Fund if appl		ontributions und	er \$50 if form Ci		D Number
		nichael B					FJ66NZ
2 Con	tributor Inform			Add D D		81102000	T-146N-Z
Up-dependence a	ame, Mailing Addr		<u> </u>	Add Rei	nove	ld. C	Comments
(includ	de city, state, & zip)			DEPUT	u		
	RICK + L	OUTERNA PARK	LP1	c. Employer's Nar		-	
	PO BOX O		~1~				
	Rumanfondinin			RUTHENFOY		e. E	lection Sum to Date
				0,,,,,,	-11100	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
		eleck# 8279			6 30 2011	4	\$ 100.00
							\$
							\$
Water State of the	tributor Inform			A SO A STREET OF THE STREET, SAN	nove		
	ame, Mailing Addro de city, state, & zip)			b. Job Title/Profes	ssion	d. C	omments
(includ	ic city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						e. E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
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3. Con	tributor Inform	ation			nove		
	lame, Mailing Addro de city, state, & zip)			b. Job Title/Profes	ssion	d. C	omments
(include	ac city, state, & zip)			_			
				c. Employer's Nar	ne/Specific Field		
						e. E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
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4. Tot	tal only this P	age				\$	
BOOKEY BESELEEN		RO-1210 Pages	ana vi			\$	
(This l	ine must be on line (6 of Detailed Summary Po	age CKO-1100)				

Contributions from Individuals

Amendment

Other Receipt Sources Use this form to report income not

		Amendment	
Pg	_ of <u>\</u>	☐ Yes	☐ No

_		_						
Se	this	form to report	t income not reported	on another fo	rm i a	interest income	not for profit and	ntributions ata
,00	CILLO	torin to report	t medine not reported	on another to	1111. 1.0.	microst micomic.	HOU TOT DIOTH CO	nu iounous eic.

1. Committee Full Name (and Fund if applicable)							D Number
MICHAEL BOUFIELD							FJOUNZ
3. Type of Rece	eipt Source (Please us	e separate CRO-1250	forms f	for each	type of Receipt :	Sour	ce.)
Interest		utions from Not-for-Profit	Organizati	ons	Outside S	Source	es of Income
4. Contributor			Add	☐ Ren	nove		
	ing Address & Phone		b. Not-fo	or-Profit F	ederal ID #	d. C	omments
(include city, sta	te, & zip)					(HECKING ACC.
NC STATE EMPLOYEES' CREDIT WHOOD WITHOU RD.			c. Outsid	le Source	Explanation		DATURST
CNR	ST CUTY					e. El	ection Sum to Date
Police:	21 0017					\$	4.18
f. Account Code	g. Form of Payment	h. In-Kind Description		-	i. Date (mm/dd/yyy	yy)	j. Amount
	ELBETUSIC				5/13/2011	4	\$10
	ELECTRONIC ELECTRONIC				6/11/2010	1	80, 8
4. Contributor	Information		Add	Ren	nove		
a. Full Name, Mail	ing Address & Phone		b. Not-fo	r-Profit F	ederal ID #	d. C	omments
(include city, sta	te, & zip)						
			c. Outsid	le Source	Explanation	-	
Y .						o El	ection Sum to Date
						9990	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/yyy	yy)	j. Amount
							\$
							\$
4. Contributor	Information		Add	Ren	nove		
	ing Address & Phone		b. Not-fo	r-Profit F	ederal ID #	d. C	omments
(include city, sta	te, & zip)						
			c Outsid	le Source	Explanation	1	
			C. Guisic	ic Bource	SAPILLIU.		
						e. El	ection Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/yyy	yy)	j. Amount
							\$
							\$
5. Total only	this Page					\$. 18
(This line goes in (This line goes in	LL CRO-1250 Pag line 11a of Detailed Summa line 11b of Detailed Summa line 11c of Detailed Summa	ry Page CRO-1100 if Inte ry Page CRO-1100 if Not	-for-Profit			\$	

								Amendment
Disbursen					Pg	of		_
Use this form to	o report expenditures	from the commit	tee for o	perating exp	pense	s, contribut	ions t	o candidate/political
	l coordinated party e Full Name (and Fur							2. ID Number
The second secon	MICHAEL (FJGGNZ
3. Type of Disl		e use separate Cl	PO 1310	forms for	agal	tune of Disl		
Operating Exp	daylors all About the representation of the second	ntributions to Candid			-			ed Party Expenditures
4. Payee Infor	ASSESSMENT OF PERSONS ASSESSMENT ASSESSMENT AS ASSESSMENT OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME			Add 🔲	Ren			
a. Full Name, N	Mailing Address & Pl	hone		b. Coordinat	ted Co	mmittee Nam	e	d. Comments
include city, state	e, & zip)							
	n. 1			c. Level Regi		(C!C-)		CHRICING ACCOUNT
SEC				Federal	istered	County:		FEE
	THROW RD.			State		Municipa	ality:	e. Election Sum to Date
+370	EST CUTY, NO	Č.						\$ 4.56
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. An	nount	k. Re	equired Remarks
	ELECTRONIC		5/	3/2014	\$	1.00		
	ELECTROPIC		611	1/2014	\$	(.00		
4. Payee Inform	mation			Add	Ren	nove		
	ling Address & Phone			b. Coordinat	ted Co	mmittee Nam	e	d. Comments
(include city, sta	ate, & zip)							
				c. Level Regi	istered	(Specify)		
				☐ Federal		County:		
				☐ State		Municipa	ality:	e. Election Sum to Date
								\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. An	nount	k. Re	equired Remarks
					\$			
					\$			
4. Payee Inform	motion			Add	Ren	nove.		
AND AND THE BOOK OF THE PARTY O	ling Address & Phone			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	10/5/15/2005	mmittee Name	e	d. Comments
(include city, sta								

				c. Level Regi	istered	(Specify) County:	100	
				State		Municipa	ality:	e. Election Sum to Date
						wannenpe		0000
								\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. An	nount	k. Re	equired Remarks
					\$			
					\$			
5. Total only th	his Page							\$
6. Total of AL	L CRO-1310 Pages							

7. Purpose Codes (List detailed expenditure code in (h.) above)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

\$